



HAWAII STATE ETHICS COMMISSION  
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P.O. BOX 616, HONOLULU, HAWAII 96809  
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email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII  
ETHICS COMMISSION

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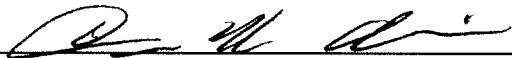
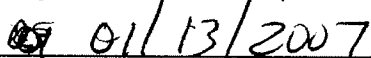
## LOBBYIST REGISTRATION FORM


(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
AKIOHA		DERON		225-3753
MAILING ADDRESS (Street)				FAX
3075 ALA POHA ST #807				H/A
(City)		(State)	(Zip Code)	
Hon.		HI.	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Exclusive Resorts, LLC			202-776-1427
MAILING ADDRESS (Street)			FAX
1717 Rhode Island Ave, NW, Suite 900			202 776 1494
(City)		(State)	(Zip Code)
Washington D.C.			20036
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Daniel Nestel % Exclusive Resorts, LLC			202 776 1427
MAILING ADDRESS (Street)			FAX
1717 Rhode Island Ave N.W. #900			202 776 1494
(City)		(State)	(Zip Code)
Washington D.C.			20036

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	<u>Tourism &amp; Recreation</u>
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME Daniel Nestel	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VP, Government Affairs
NAME OF ORGANIZATION (if applicable) Exclusive Resorts	TELEPHONE 202-776-1427
MAILING ADDRESS (Street) 1717 Rhode Island Ave, NW, Suite 900	FAX 202-776-1494
(City) Washington	(State) DC
(Zip Code) 20036	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	4-5-2007
(Signature of Authorizing Officer or Person Represented)	(Date)